PDR

CHANGE 72
OCHAMPUS 6010.50-M
SEPTEMBER 10, 1998

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
AUTOMATED DATA PROCESSING AND REPORTING MANUAL

THE DIRECTOR, OCHAMPUS, HAS AUTHORIZED THE FOLLOWING CHANGE(S) TO OCHAMPUS MANUAL 6010.50-M, REISSUED JULY 1992:

PAGE CHANGE(S):   CHAPTERS 2, 5, 6 and 8

REMOVE AND INSERT PAGE(S):   (See page 2 of this transmittal)

SUMMARY OF CHANGE(S): THIS CHANGE UPDATES REFERENCES IN ACCORDANCE WITH THE ANNUAL DRG-BASED PAYMENT SYSTEM UPDATE AND THE UPDATE TO THE ALLOWABLE CHARGE PRICING FACTOR. THIS CHANGE IS ISSUED IN CONJUCTION WITH OPERATIONS MANUAL CHANGE __122__ AND POLICY MANUAL CHANGE __33__.

EFFECTIVE DATE AND IMPLEMENTATION: OCTOBER 1, 1998 FOR DRG CHANGES AND AUGUST 1, 1998 FOR PRICING PROFILES.

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Director, Program Development and Evaluation

ATTACHMENT(S):   46 PAGE(S)
DISTRIBUTION: 6010.50-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH THE BASIC DOCUMENT

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Data Element Definition

Element Name: Discharge Status (Continued)

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

   N/A

Data Element Definition

Element Name: DRG Grouper Edition

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-356	1	Yes[1]

Primary Picture (Format)   Two (2) alphanumeric characters.

Definition   Number identifying the *TRICARE*/CHAMPUS Diagnosis Related Grouper used to determine the DRG.

Code/Value Specifications

Date of Discharge

87 = 1987 Grouper	10/1/87 through 2/29/88
88 = 1988 Grouper	03/1/88 through 9/30/88, including Admissions prior to 10/1/88 but discharged on or after 10/1/88

Date of Admission

89 = 1989 Grouper	10/1/88 through 9/30/89. Includes Pediatric DRG's effective 3/1/89
90 = 1990 Grouper	10/1/89 through 9/30/90
91 = 1991 Grouper	10/1/90 through 9/30/91
92 = 1992 Grouper	10/1/91 through 1/5/93 and processed to completion ≤ 1/6/93
93 = 1993 Grouper	10/1/92 through 9/30/93
94 = 1994 Grouper	10/1/93 through 9/30/94
95 = 1995 Grouper	10/1/94 through 9/30/95
96 = 1996 Grouper	10/1/95 through 9/30/96
97 = 1997 Grouper	10/01/96 through *09/30/97*
98 = 1998 Grouper	*10/01/97 through 09/30/98*

Notes and Special Instructions:

[1] *Required if HCSR is processed under TRICARE/CHAMPUS DRG reimbursement methodology.*

Data Element Definition

Element Name:	DRG Grouper Edition (Continued)

99 = 1999 Grouper   10/01/98 through 99/99/99   **|**

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1] *Required if HCSR is processed under TRICARE/CHAMPUS DRG reimbursement methodology.*   **|**

Data Element Definition

Element Name: DRG Number

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-355	1	Yes[1]

Primary Picture (Format) Three (3) unsigned numeric digits.

Definition Number identifying the Diagnosis Related Group (DRG) determined for this care.

Code/Value Specifications See Addendum E.

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1] Required if HCSR is processed under CHAMPUS DRG reimbursement methodology.

Data Requirements

Data Element Definition

Element Name: DRG Pricer Edition

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-357	1	Yes[1]

Primary Picture (Format)   Two (2) alphanumeric characters.

Definition   Number identifying the Diagnosis Related Pricer used to determine the DRG.

Code/Value Specifications   61   Can be used with DRG Grouper Edition 87 and 88 for an interim period. This code will be deleted at a later date.

Date of Discharge

01 = 1987 Pricer   10/1/87 through 02/29/88

02 = 1988 Pricer   03/1/88 through 09/30/88, including admissions prior to 10/1/88 but discharged on or after 10/1/88.

Date of Admission

03 = 1989 Pricer   10/1/88 through 9/30/89. Includes Pediatric DRGs effective 3/1/89

04 = 1990 Pricer   10/1/89 through 9/30/90

06 = 1991 Pricer   10/1/90 through 9/30/91

07 = 1992 Pricer   10/1/91 through 1/5/93 and processed to completion $\leq 1/6/93$

08 = 1993 Pricer   10/1/92 through 9/30/93

09 = 1994 Pricer   10/1/93 through 9/30/94

10 = 1995 Pricer   10/1/94 through 9/30/95

11 = 1996 Pricer   10/1/95 through 9/30/96

Notes and Special Instructions:

[1] Required if HCSR is processed under TRICARE/CHAMPUS DRG reimbursement methodology.

Data Element Definition (Continued)

Element Name: DRG Pricer Edition (Continued)

	12 = 1997 Pricer	10/1/96 through 09/30/97
	13 = 1998 Pricer	10/1/97 through 09/30/98
	14 = 1999 Pricer	10/1/98 through 99/99/99

Algorithm N/A

Subordinate   **Group**

N/A   N/A

Notes and Special Instructions:

[1] *Required if HCSR is processed under TRICARE/CHAMPUS DRG reimbursement methodology.*

Data Element Definition

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Non-Institutional	2-331	1	Yes[1]

Primary Picture (Format) Two (2) alphanumeric digits.

Definition Number identifying the Pricing Profile used to determine the allowable charge.

Code/Value Specifications 88 = 88 Profile (10/1/87 - 1/31/89)

89 = 89 Profile (2/1/89 - 12/31/89)

11 = 11 Profile (1/1/90 - 3/31/90)

90 = 90 Profile (4/1/90 - 10/6/91)

91 = 91 Profile (10/7/91 - 4/30/92)

92 = 92 Profile (5/1/92 - 2/28/93)

93 = 93 Profile (3/1/93 - 10/31/93)

14 = 14 Profile (11/1/93 - 3/31/94)

94 = 94 Profile (4/1/94 -12/31/94)

15 = 15 Profile (1/1/95 - 2/28/95)

95 = 95 Profile (2/1/95 - 1/31/96)

16 = 16 Profile (1/1/96 - 1/31/96)

96 = 96 Profile (2/1/96 - 12/31/96)

17 = 17 Profile (1/1/97 - 2/28/97)

97 = 97 Profile (3/1/97 - 12/31/97)

18 = 98 Profile (1/1/98 - 1/31/98)

98 = 98 Profile (1/1/98 - 7/31/98)

28 = 98 Profile (8/1/98 - 99/99/99)

Algorithm N/A

Data Element Definition

Element Name: **Pricing Profile (Continued)**

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1] *Required if Pricing Code 2, 3, 6, 7, 8, A or B.*

Data Requirements

Data Element Definition

Element Name: Principal Operation/Non-surgical Procedure Code

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-340	1	Yes[1]

Primary Picture (Format)   Five (5) alphanumeric characters.

Definition   The code that identifies the principal procedure performed during the period covered by this HCSR as coded on the UB-82 or UB-92.

Code/Value Specifications   Must limit to 4 of the 5 positions available. Use the most current procedure code edition as directed by OCHAMPUS. Must provide the most detailed code. Must be left justified and blank filled. Do not code the decimal point which, for ICD-9-CM, is always assumed to follow the second position. Blank fill if not applicable.

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1]   *Required if one of the following Revenue Codes are present 36X or 72X.*

Data Element Definition

Element Name: **Principal Treatment Diagnosis**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-315	1	Yes
Non-Institutional	2-255	1	Yes

Primary Picture (Format)   Six (6) alphanumeric characters.

Definition   The condition established, after study, to be the major cause for the patient to obtain medical care as coded on the claim form or otherwise indicated by the provider.

Code/Value Specifications   Must limit to 5 of the 6 positions available. Use the most current diagnosis code edition, as directed by OCHAMPUS. Must provide the most detailed code. Left justify and blank fill. Do not code the decimal point, which for ICD-9-CM is always assumed to be following the third position.

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:
N/A

Data Element Definition

Element Name: Procedure Code

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Non-Institutional	2-290	Up to 25	Yes

Primary Picture (Format)   Five (5) alphanumeric characters.

Definition   Code indicating the procedure which describes the care received.

Code/Value Specifications   See Physician's Current Procedure Terminology (CPT-4), or HCPCS National Level II Medicare Codes or OCHAMPUS approved codes (Figure 2-F-1).

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

Comprehensive Clinical Evaluation Program claims, Supplemental Care Claims, Active Duty Service Member GSU claims and TRICARE Senior Prime claims may bear other codes for allowed procedures.

Data Element Definition

Element Name: Procedure Text Identifier

Records/locator Numbers

Record Name	Locator #	Occurrences	Required
Non-Institutional	2-195	1	Yes

Primary Picture (Format) One (1) alphanumeric character.

Definition Code identifying the edition number of the Physician's Current Procedure Terminology used in determining the procedure codes on the HCSR.

Code/Value Specifications
4   CPT-4, HCPCs (Levels I, II, and III)

8   ADA Dental Code

Algorithm N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	Processing Code

Notes and Special Instructions:
N/A

Data Element Definition

Element Name: Processing Code

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-165	1	Yes[1]
Non-Institutional	2-165	1	Yes[1]

Primary Picture (Format)   Group

Definition   Field containing multiple elements that describe processing related to the HCSR.

Code/Value Specifications   N/A

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
Override	N/A
Type of Submission	
NAS Exception Reason	
Health Care Plan Code	
Diagnosis Edition Identifier	
Procedure Text Identifier (non-institutional only)	
Reason for Adjustment	
Special Processing Code	
Special Rate Code	

Notes and Special Instructions:

[1] *Required if applicable to HCSR conditions.*

Chapter 2

Data Requirements

Data Element Definition

Element Name: Program Indicator

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-030	1	Yes[1]
Non-Institutional	2-030	1	Yes[1]

Primary Picture (Format)   One (1) alphanumeric character.

Definition   Code identifying which OCHAMPUS program the services being reported relate to.

Code/Value Specifications

Institutional HCSR	Non-Institutional HCSR
I Institutional	D Drug
H Program for Persons with Disabilities	H Program for Persons with Disabilities
	I Institutional (excluding D, H, and T)
	N Non-Institutional (excluding D, H, and T)
	T Dental (excluding D and H)

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1] See the ADP Manual, Chapter 1, Section III. for further instructions.

Data Element Definition

Element Name: **Provider Contract Affiliation Code**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Institutional	1-209	1	Yes[1]
Non-Institutional	2-214	1	Yes[1]

Primary Picture (Format)   One (1) alphanumeric character

Definition   Code indicates whether the provider is under contract with the FI/Contractor.

Code/Value Specifications

0	Not applicable
1	Contracted
2	Not Contracted
3	Contracted/Not Contracted
4	Active Duty - GSU

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

[1] Codes '1', '2' and '3' apply only to at-risk contractors and subcontractors. All codes are irrespective of any Partnership Agreements. Report '0' if not an at-risk contractor.

Data Element Definition

Element Name: **Provider Specialty**

Records/Locator Numbers

Record Name	Locator #	Occurrences	Required
Non-Institutional	2-235	1	Yes

Primary Picture (Format)   Two (2) alphanumeric characters.

Definition   Code describing the provider's major specialty.

Code/Value Specifications   See Addendum C

Algorithm   N/A

Subordinate and/or Group Elements

Subordinate	Group
N/A	N/A

Notes and Special Instructions:

N/A